

# The Commonwealth of Massachusetts

## Town of Georgetown

From the Office of The Board of Selectmen  
1 Library Street, Georgetown, MA 01833 (978) 352-5755

### APPLICATION / RENEWAL FOR LICENSE OR PERMIT 2004

**Applicant:**

Business Owner:	<input type="text"/>	Social Security or FID#:	<input type="text"/>
Business Name:	<input type="text"/>		
Business Street:	<input type="text"/>	Map:	<input type="text"/>
	<input type="text"/>	Lot:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
	<input type="text"/>	Zip:	<input type="text"/>
Business Phone:	<input type="text"/>		
Contact/Manager Name:	<input type="text"/>	Contact Phone:	<input type="text"/>

**Please check the applicable license(s) or permit(s) below:**

<u>License / Permit:</u>	<u>Annual Fee:</u>	<u>Total Column:</u>
<input type="checkbox"/> Auctioneer	35.00	<input type="text"/>
<input type="checkbox"/> Auctioneer Daily	25.00	<input type="text"/>
<input type="checkbox"/> Automatic Amusement (mechanical units, pool tables, juke box)		
# of mechanical units: _____ x 25.00		<input type="text"/>
<input type="checkbox"/> Class I – New Car Sales	100.00	<input type="text"/>
<input type="checkbox"/> Class II – Used Car Sales	100.00	<input type="text"/>
<input type="checkbox"/> Class III – Used Car (Junk)	100.00	<input type="text"/>
<input type="checkbox"/> Common Victualler	25.00	<input type="text"/>
<input type="checkbox"/> Second Hand Shop	25.00	<input type="text"/>
<b>SUNDAY ENTERTAINMENT</b>		
<input type="checkbox"/> Live Entertainment	50.00	<input type="text"/>
<input type="checkbox"/> Movies	50.00	<input type="text"/>
<input type="checkbox"/> Trap Shooting	25.00	<input type="text"/>
<b>WEEKLY ENTERTAINMENT</b>		
<input type="checkbox"/> Live Entertainment	75.00	<input type="text"/>
<input type="checkbox"/> Movies	100.00	<input type="text"/>

**Total Fees Submitting:**

**ATTESTATION:** Pursuant to Massachusetts General Laws, Chapter 762C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by law.

Signature:Printed Name:Date:

Check One:

Corporate  
Owner  
Officer

☐  
☐  
☐**For Office Use Only:**Tax Collector Verification by: \_\_\_\_\_ Fee Verified & Pd: \_\_\_\_\_ Permit No: **2004** Exp: \_\_\_\_\_